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transmitted to the USPTO (571) 273-2885, on the date indicated below. **OLIFF & BERRIDGE, PLC** P.O. BOX 320850 **ALEXANDRIA, VA 22320-4850** (Depositor's name) (Signature) (Date) APPLICATION NO. FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. FILING DATE 10/626,563 07/25/2003 Daniel J. Kessler 109889 TITLE OF INVENTION: MUSIC INSTRUMENT COVER APPLN. TYPE **ISSUE FEE DUE** PUBLICATION FEE DUE PREV. PAID ISSUE FEE **TOTAL FEE(S) DUE** DATE DUE SMALL ENTITY 01/06/2009 nonprovisional YES \$755 \$300 \$1055 **EXAMINER ART UNIT CLASS-SUBCLASS** LOCKETT, KIMBERLY R 084-453000 2837 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list 1 Oliff & Berridge, PLC (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE

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